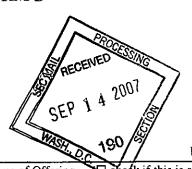
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB NUMBER: 3235-0076
Expires: April 30, 2008
Estimated average burden
hours per response 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix Serial					
Đ	ATE RECEI	VED			

Name of Offering (Extended it this is all all						
TCW Special Mortgage Credits Fund, L.P.	- Private Offe	ring of Limited P	artnership Inte <u>res</u>	ts		
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505		☐ Section 4(6)	□ ULOE	
Type of Filing: New Filing: MO	区	Amendment: CA,	, DE, DC, IA, IL, I	MA, MI, OH, SC, T	IN, TX, VA	
	A BASIC	IDENTIFICATIO	N DATA			

1. Enter the information requeste			
Name of Issuer (☐ check if thi	s is an amendment and name has changed, and indicate c	hange.)	L (6 A)
TCW Special Mortgage Credits	Fund, L.P.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Numbe	i 100/ji 82/il 1009 katiri 1000 katar iliona jizija dili ib
865 South Figueroa Street, Los	Angeles, CA 90017	(213) 244-0827	07078126
	erations (Number and Street, City, State, Zip Code)	Telephone Numbe	•
(if different from Executive Office		Same as above.	
Brief Description of Business: I	nvestments in securities.		
Type of Business Organization			
☐ corporation	☐limited partnership, already formed	☑ other (please specify)): Cayman Islands
☐ business trust	☐ limited partnership, to be formed	exempted limited partn	ersh PROCESSED
Month Year			-
Actual or Estimated Date of Incorp	oration or Organization: 0 6 0 7	■ Actual □ Estimate	SEP 2 4 2007
Jurisdiction of Incorporation or O	ganization: (Enter two-letter U.S. Postal Service abbrevi	ation for State:	JEP 2 4 2007
Cì	I for Canada; FN for other foreign jurisdiction) FN		Z THOMSON
GENERAL INSTRUCTIONS Fed	eral·		- ILIONISON
		n id n dedect	ZINANÇIAL

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is

predicated on the filing of a federal notice.

2. Enter the information requested for the f				
• Each promoter of the issuer, if the is			C 100	6 1
Each beneficial owner having the po	ower to vote or dispose, or di	rect the vote or dispositi	on of, 10% or r	nore of a class of equity
securities of the issuer; • Each executive officer and director	of comparate issuers and of co	rmorate general and mar	vaging general i	partners of partnership
issuers; and	or corporate issuers and or ec	orporate general and mai	inging general i	and or partitions in p
Each general and managing partner	of partnership issuers.			
Check Box(es)that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partners
Full Name (Last name first, if individual) TCW Asset Management Company Inte	rnational Limited (the "Ge	neral Partner'')		
Business or Residence Address (Number				
865 South Figueroa Street, Los Angeles,	CA 90017			<u></u> -
Check Box(es)that Apply: ☐ Promoter	□Beneficial Owner	■ Executive Officer	☐ Director	☑ General and/or Managing Partners
Full Name (Last name first, if individual) Gundlach, Jeffrey E.				
Business or Residence Address (Number 865 South Figueroa Street, Los Angeles,		Code)		
Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	⊠ General and/or Managing Partners
Full Name (Last name first, if individual) Lucido, Louis C.	·			
Business or Residence Address (Number 865 South Figueroa Street, Los Angeles,		Code)		
Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☒ General and/or Managing Partners
Full Name (Last name first, if individual) Ho, Roland K.W.				
Business or Residence Address (Number 865 South Figueroa Street, Los Angeles,		Code)		
Check Box(es)that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☑ General and/or Managing Partners
Full Name (Last name first, if individual) Fiorillo, Vincent A.				
Business or Residence Address (Number 865 South Figueroa Street, Los Angeles,	and Street, City, State, Zip CA 90017	Code)		
Check Box(es)that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners
Full Name (Last name first, if individual)	,			
Business or Residence Address (Number	and Street, City, State, Zip (Code)		
Check Box(es)that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partners
Full Name (Last name first, if individual)				
Business or Residence Address (Number	r and Street, City, State, Zip (Code)		
(Use blank sheet, or copy and use additional	copies of this sheet, as nece	ssary.).		

A. BASIC IDENTIFICATION DATA

				B.	INFORMAT	TION ABOU	T OFFERIN	NG				
									-0		Yes	No 🗵
1. Has the	issuer sold	, or does th									🚨	ΙΔΊ
					in Appendi:						65.0	00 000*
	the minim						al?			***************************************	\$ <u>3,0</u>	00,000*
*Subje	ect to reduc	tion at the									17	.
											Yes	_
	e offering p											
commi If a pe list the dealer,	he informatission or single rson to be le name of the you may see (Last name)	milar remu isted is an ne broker o et forth the	neration fo associated r dealer. If informatio	r solicitation person of a more than	on of purch broker or five (5) pe	asers in co dealer regisersons to be	nnection w stered with	ith sales of the SEC ar	securities ad/or with a	in the offer a state or st	ring. ates,	
run Nans	e (Last Hain	e mst, n n	idividuai)		•							
	or Residend h Figueroa					e, Zip Code	e)					
TCW Fu	Associated nds Distrib	outors (Fo	rmerly nan									
	Which Pers "All States"										X ALL S'	FATES
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	ne first, if i	ndividual)	-								
Business	or Residen	ce Address	(Number	and Street	, City, Stat	e, Zip Code	e)	<u></u>				
Name of	Associated	Broker or	Dealer				- · · · ·					···
States in	Which Pers	on Listed I	nas Solicite	d or Intend	s to Solicit	Purchasers						
(Check	"All States	" or check	individual	States)		•••••		•••••			🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[U T]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nan	ne first, if i	ndividual)									
Business	or Residen	ce Address	(Numbe	r and Stree	t, City, Stat	e, Zip Code	e)					
Name of	Associated	Broker or	Dealer					-				
	Which Pers										🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEED	<u>s</u>	
Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange			
Type of Security Debt	Aggregate Offering Amou	nt	Amount Already Sold \$ 0
Equity	\$ 0		\$ 0
□ Common □ Preferred			
Convertible Securities (including warrants)	\$ <u>0</u>		\$ <u>0</u>
Partnership Interests	\$ <u>2,000,000,000</u>	1	\$ <u>1,069,540,000</u>
Other (Specify)	\$ <u>0</u>		\$ <u>0</u>
Total	\$2,000,000,000		\$ <u>1,069,540,000</u>
Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".			Aggregata
	Number Investors		Aggregate Dollar Amount of Purchases
Accredited Investors	41		\$ <u>1,069,540,000</u>
Non-accredited Investors	0		\$ 0
Total (for filings under Rule 504 only)	N/A		\$ <u>N/A</u>
Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
Australia I	Type of		Dollar Amount
Type of offering	Security N/A		Sold
Rule 505	N/A		\$ <u>0</u> \$0
Regulation A	N/A		\$ <u>0</u>
Rule 504	-		
Total	N/A		\$ 0
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees	***************************************		\$ <u>0</u>
Printing and Engraving Costs	•••••		\$ <u>0</u>
Legal Fees		X	\$ <u>50,000</u>
Accounting Fees	***************************************		\$ <u>0</u>
Engineering Fees			\$ <u>0</u>
Sales Commissions (specify finder's fees separately)			\$ <u>0</u>
Other Expenses (identify). Miscellaneous Blue Sky Filing Fees and Expenses		X	\$_4,000
Total		X	\$_54,000

SEC 1972 (2-97) 4 of 8

C. OFFERING PRICE, NUMBER OF INVE	STORS, EXPENSES AN	ID U	SE OF PROC	EEDS	
b. Enter the difference between the aggregate offering price Question 1 and the total expenses furnished in response to Part C - the "adjusted gross proceeds to the issuer"	Question 4.a. this different	ence i	S	\$ <u>_</u>	999,946,000
Indicate below the amount of the adjusted gross proceeds to the iss for each of the purposes shown. If the amount for any purpose is and check the box to the left of the estimate. The total of the adjusted gross proceeds to the issuer set froth in response to Part C	not known, furnish an es payments listed must equ	timat	e		
			Payments T Officers, Directors, & Affiliates	t	Payments To
Salaries and fees			\$ <u>0</u>		\$ <u>0</u>
Purchase of real estate		0	\$ <u>0</u>		\$ <u>0</u>
Purchase, rental or leasing and installation of machinery and e			\$ <u>0</u>		\$0
Construction or leasing of plant buildings and facilities			\$ <u>0</u>		\$ <u>0</u>
Acquisition of other businesses (including the value of securit offering that may be used in exchange for the assets or securit issuer pursuant to a merger)	ies of another		\$ <u>0</u>	_ 0	\$ <u>0</u>
Repayment on indebtedness			\$ <u>0</u>	_ 🗆	\$ <u>0</u>
Working capital			\$ <u>0</u>	_ 🗆	\$ <u>0</u>
Other (specify): <u>Investments in securities.</u>			\$ <u>0</u>	X	\$ <u>999,946,000</u>
Column Totals Total Payments Listed (column totals added)			\$ <u>0</u>	⊠ \$ <u>999,94</u>	\$ <u>999,946,000</u> .6,000
D, FEDERA	L SIGNATURE				
The issuer has duly caused this notice to be signed by the undersignature constitutes an undertaking by the issuer to furnine information furnished by the issuer to any non-accredited investor. Issuer (Print or Type) TCW Special Mortgage Credits Fund, L.P.	sh to the U.S. Securities	Com	mission, upon	S filed ur written r Date 09/12/07	equest of its staff
1011 Special Montgage Clouds 2 and 3			/		
Name of Signer (Print or Type) By: TCW Asset Management Company International Limited, General Partner By: Earl Lariscy	Title of Signer Print or Vice President & Asset		/ General Coun	sel	
		, -			
A1	TENTION				1100 1001 \
Intentional misstatements or omissions of fact con	stitute tederal crimi	nai v	/iolations. (see 18	U.S.C. 1001.)

E. ST	ATE SIGNATURE		
1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) prof such rule?		Yes	No □
	Not applicable.		
2. The undersigned issuer hereby undertakes to furnish to any s D (17 CFR 239.500) at such times as required by state law.		a notice or	n Form
3. The undersigned issuer hereby undertakes to furnish to the st to offerees.	ate administrators, upon written request, information furnis		e issu e r
4. The undersigned issuer represents that the issuer is familiar uniform Limited Offering Exemption (ULOE) of the state claiming the availability of the exemption has the burder	in which this notice is filed and understands that the issu	er	
The issuer has read this notification and knows the contents tundersigned duly authorized person.	o be true and has duly caused this notice to be signed or	n its behal	If by the
Issuer (Print or Type) TCW Special Mortgage Credits Fund, L.P.	Signature Date 09/12/07	7	
Name of Signer (Print or Type) By: TCW Asset Management Company International Limited, General Partner By: Earl Larisey	Title of Signer (Print or Type) Vice President and Associate General Counsel		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

